

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/511646

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
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8						
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10						
11						
12						
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14						
15						
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17						
18						
19						
20						
21	1					
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27						
28						
29						
30						
31						
32	1					
33						
34						
35						
36						
37						
38						
39						
40						
41						
42	1					
43						
44						
45						
46						
47						
48						
49						
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	51	←		←		←
TOTAL CLAIMS	56					